

City of East Peoria  
401 W. Washington St., East Peoria, IL 61611  
Phone: 309.698.4615 Fax: 309.698.4747

**APPLICATION FOR SPECIAL USE PERMIT FOR ALCOHOLIC LIQUOR SOLD ON CITY DESIGNATED PUBLIC PROPERTY AND BUILDINGS AND PUBLIC EVENTS**

Current Date \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

State Liquor License Number \_\_\_\_\_ Dates of Sale: \_\_\_\_\_

Proposed Hours of Sale \_\_\_\_\_ P.M. to \_\_\_\_\_ P.M. (May not be served before 1 p.m. or later than 11:00 P.M.)

Numbers of Employees who will be present: \_\_\_\_\_

Type of alcohol to be served:  
\_\_\_\_\_  
\_\_\_\_\_

ATTACH PROOF OF ADEQUATE DRAM SHOP LIABILITY INSURANCE TO THE MAXIMUM LIMITS.

APPLICANT MUST OBTAIN A SPECIAL USE PERMIT FROM THE ILLINOIS LIQUOR CONTROL COMMISSION AND PROVIDE PROOF TO THE CITY.

I, the undersigned, hereby declare that I have carefully read the Section of the City Code relating to this business; that I understand it thoroughly and will carry out every provision thereof. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license and/or prosecution.

\_\_\_\_\_  
(Signature of applicant) Date: \_\_\_\_\_

Fee \$ 50.00 Date Received \_\_\_\_\_ Accepted by \_\_\_\_\_

APPROVAL: POLICE \_\_\_\_\_ MAYOR \_\_\_\_\_ CITY CLERK \_\_\_\_\_